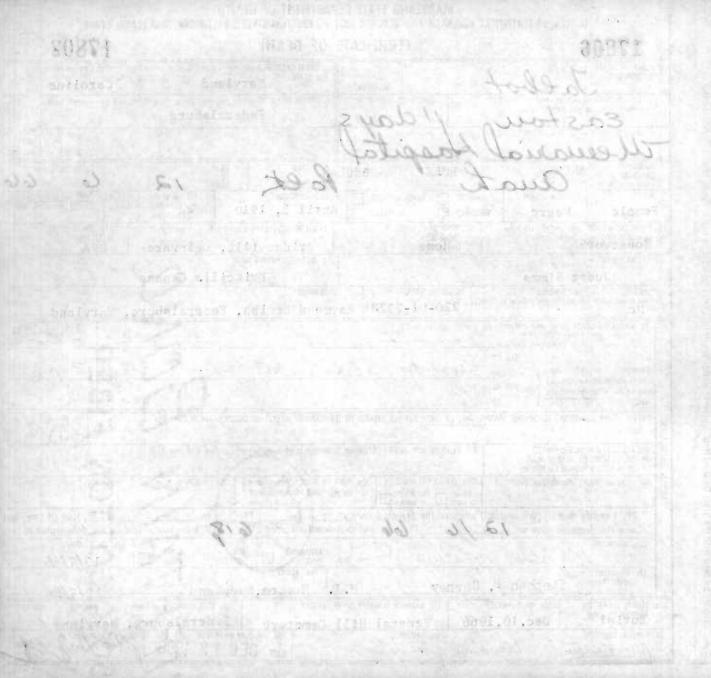
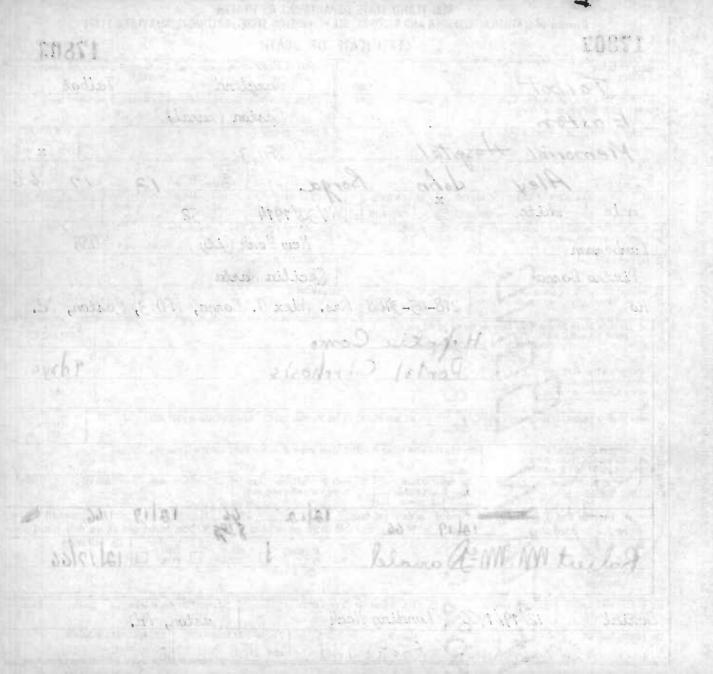
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17805 CERTIFICATE OF DEATH death. requires that the deoth certificate be executed within 24 hours after death and completely filled in by the funeral remove carbon popers. Pages I ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND ond in ony event, within 72 hours after, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (15-outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)-O leose remove carbon popers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO YES Middle 4. DATE Month Year 3. NAME OF Doy DECEASED OF SIE 196 DEATH (Type or print) IF UNDER 1 YEAR F UNDER 24 HRS S. SEX DATE OF BIRTH AGE (In years last birthdoy) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Hours DIVORCED WIDOWED 12. CITIZEN OF WHAT COUNTRY 10o. USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working (ife, even if retired) INDUSTRY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, crematian, or removol, INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been for use as the director, page 3 should be defached for use as the should be filed with the State Dept. of Heolth prior to lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour o.m. Not While of work ot work 3 should be 19____, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 19 and that death accurred at 1003 M, fram causes and an the date stated above. saw the deceased alive on 22a_SIGNATURE MED. DIRECTOR M.D. PHYS. M . DL 22d. ADDRESS B. Arthur 12/14/66 Easton, Maryland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY (County) LOCATION (City og Town) (Stote) 250. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR ADDRES 24. FUNERAL DIRECTOR DEC 1966

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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17807 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remave carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Talbox ease remave carban papers. Pages 1 and in any event, within 72 hours after MARYLAND b. CITY OR TOWN (If autside carparate limits, (If autside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 write RURAL and give nearest town) Easton IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in Mospital, give street address) d. STREET ADDRESS YES X NO NAME OF Middle Lost DATE Month Doy Year DECEASED 196 (Type ar print) DEATH IF UNDER 24 HRS. 8. DATE OF BIRTH IF UNDER YEAR S. SEX AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Hours white WIDOWED DIVORCED 12. CITIZEN OF WHAT 10g, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COMMIN New York (ity umberman 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ecilia Marta Pietro Borga IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, or unknown) (If yes give war ar dotes of service) 218-05-3488 Mrs. Alex J. Borga, RFD 3, Easton, Md. burial, crematian, or INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise ta immediate cause (a) DUE TO far use as the b Health priar tab stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION director, page 3 shauld be detached for use shauld be filed with the State Dept. of Health NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 3 shauld be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour o.m. Not While foctory, street, office bldg., etc.) , 1966, that (I) (ast 21. I certify that (1) (the bapter) attended the deceased fram. 1966 . to 19 (66, and that death accurred at 100 M, fram causes and an the date stated above. 14/17 saw the deceased alive an 22g SIGNATURE **ATTENDING** STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION 23b. DATE THEREOF (Caunty) Landing Neck BREMOYAL (Specify) Molo aston. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remave carban papers. Pages 1-and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY_ o. STATE b. COUNTY Maryland Caroline MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write-RURAL and give nearest town) ve carban papers. Pag event, within 72 haurs Federalsburg IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Carter Village YES NO X NAME OF 4 DATE First Month Doy Year DECEASED (Type or print) DEATH NEVER MARRIED IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7 MARRIED lost birthdoy) Months Dovs Hours August 6, 1966 Male Negro WIDOWED DIVORCED 19 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) **INDUSTRY** COUNTRY? None None Easton, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William C. Boyce Janie L. Johnson 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) burial crematian ar Janie L. Johnson, Federalsburg, Maryland None INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I, DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse priar to has been as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) directar, page 3 shauld be detached for use shauld be filed with the State Dept. af Health NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) FUNERAL DIRECTOR: After this 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (1) (this hospital) attended the deceased fram Dec 20, 1966, to Dec 21, 1966 that (1) (we) last saw the deceased alive an Dec. 25 19 66, and that death accurred at 120 RM, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. 22d. ADDRESS 27c. PHYSICIAN'S NAME (Type) 12 11 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) REMOVAL (Specify) Near Preston, Maryland Dec. 28, 1966 Jonestown Cemetery 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR

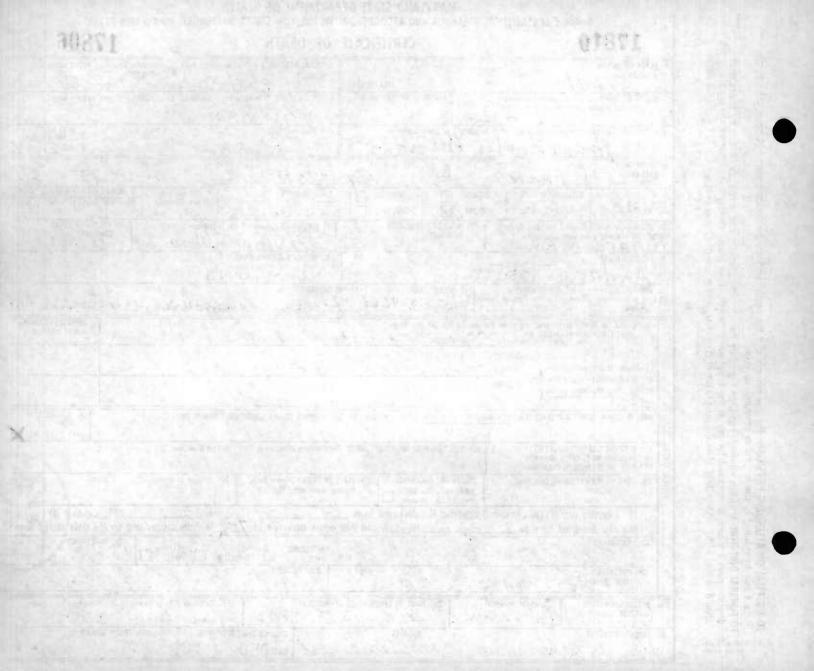
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17810 CERTIFICATE OF DEATH ond 2 requires that the deoth certificate be executed within 24 hours after deoth filled in by the funeral-typapers. Pages 1 and 2 ithin 72 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town STON completely filled in b d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? П NO YES Ventaryit 3. NAME OF DATE Middle Month Doy Year DECEASED OF DEATH 19 (Type or print) S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED remove lost birthdoy) Months Doys Hours MALE While buriol, cremation, or remavol, and in any WIDOWED DIVORCED and 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) **INDUSTRY** COUNTRY? physicion 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ottending phys NOWN REW WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN (Yes, no, or unknown) (If yes give wor or dotes of service) VZ INTERVAL BETWEEN-ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by Page 4 may be retoined by the hospital or ottending physician. DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) 19 ot work 3 should be 21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an and that death accurred at M, fram causes and an the date stated above 220 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR 22d. ADDRES 224. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) tremeler REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sb. VR A15 (4) DATE DE 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the Ceath certificate be executed within 24 haurs after death. by the funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY d. STATE Maryland brauvet MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) EASTON, MARYLAND as ton -40 Mi papers. e. IS RESIDENCE ON A FARM? and completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS and in any event, within 72 General Del. Easten. Maryland 4. DATE remove carban NAME OF Middle Lost Month Year Doy DECEASED Brown 12 12 19 66 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX MEN MARRIED AGE (In years 6. COLOR OR RAP 8. DATE OF BIRTH 7. MARRIED lost birthday) Months Haurs Days DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. RIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ease COUNTRY? during most of warking life, even if retired) INDUSTRY E asT 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George Lanam affending p 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, na, ar unknawn) (If yes give wor ar dates of service) permit Records Dept. Easten Md Memorial Hesp. None burial, crematian, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise ta immediate cause (a). DUF TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Haur a.m. Nat While factory, street, office bldg., etc.) 19 ot work of work deceased fram 12/11, 1966, ta 12/12, 1966 that (I) (we) last 1966, and that death accurred at 32/11, fram causes and an the date stated above. 21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) veez 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Grasenville Cometery 12-15-1966 Burial 25h PEGISTRAD'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 17812 CERTIFICATE OF DEATH directa PLACE OF DEATH before admission) 2. USUAL RESIDENCE (Where deceased lived. If institution: Resi o. COUNTY a. STATE filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) QueenAnne QueenAnne d. NAME OF HOSPITAL (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO pup = NAME OF First Middle Lost 4. DATE Month Day Yeor filled DECEASED DEATH (Type or print) 1966 Virginia Callahan December IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours DIVORCED WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) US maryland puo House wife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME certificate Pinder Virgie Rice Harvey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Callahan. QueenAnne, Md Charles No requires that the death INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: months Carcinoma of the ovary IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate DUF TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY cremotion. PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month. Doy, Year 20d. INJURY OCCURRED (County) (Stote foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m 24 1044 to Dec. 31 19 66 that (1) (we) lost 21. I certify that (I) (this hospital) attended the deceased from NOV. _19_66, and that death occurred at 990, Frankthe causes and an the date stated above. saw the deceased olive on 220. SIGNATURE 22b, DATE SIGNED ATTENDING STAFF PHYS. PHYS. DIRECTOR [M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type nay be retai TO HOSPITAL QueenAnne, Maryland Lederer, M. D. 23g. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) page the Sta REMOVAL (Specify) Burria Greenmount 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 15M 9/59

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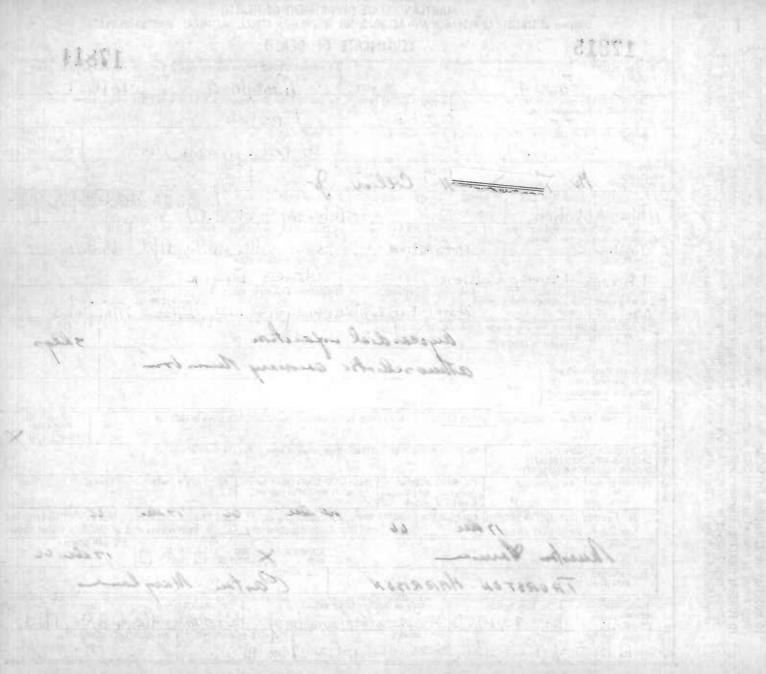
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MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17815 CERTIFICATE OF DEATH death, requires that the death certificate be executed within 24 haurs after death before admission) 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Reside o. COUNTY h COUNTY. ve carban papers. Pages I event, within 72 hours after MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) EASTON - @5/0N campletely filled in e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Mencvial YES T NO F 3. NAME OF Middle DATE Year carban First Month Day Lost HENRY DECEASED OF DEATH (Type ar print) the as SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED remove last birthday) Manths Haurs 1909 WIDOWED DIVORCED and 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) please during most af warking life, even if retired) INDUSTRY physician RASCHUILE Q.A burial-transit permit. Then please burial, crematian, ar remaval, and Mechanic citomotive 13. FATHER'S NAME RAGE BRYAN Route # 2 Box 501 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na or unknown) (If yes give war ar dates af service) 213-01-818 MARULAND INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: auscar dial auton IMMEDIATE CAUSE (o) by the hospital or attending physician. DUF TO arenery New Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stoting the underlying cause O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City ar town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) Hour a.m. factory, street, affice bldg., etc.) While Nat While 19 at work at wark 1966 to 17 Die 19 66, that (1) (we) last FO HOSPITAL OR ATTEND Page 4 may be retained 1966, and that death accurred at 130 M, fram causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. **ATTENDING** M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S HARRISON NAME (Type) 23a. BURIAL, EREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (Stote) 23b. DATE THEREOF EVENSVILLE BURIA REGISTRAR'S SIGNATURE 2Sb. FUNERAL DIRECTOR 56 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17816 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death isician and campletely filled in by the funeral please remove carban papers. Pages 1 and John in any event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 write RURAL and give nearest fown St. Michaels d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give/street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Radcliffe Ave. 165 NO SC NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED 2 66 (Type or print 19 DEATH S. SEX IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED 1 NEVER MARRIED last birthdoy) Months Dovs Hours white male WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, ever if retired)

Dairu salesman physician o INDUSTRY COUNTRY? Baltimore 13. FATHER'S NAME Harry. (romuell burial, crematian, or ren IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) St. Michaels CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN for (e), (b) and (c). signed by the burial-transit p IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta this certificate has been PART IN THE SUMIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONSIVEN IN PART TO WAS AUTOPSY PERFORMED? CERTIFICATION NO YES 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. Not While foctory, street-office bldg., etc.) 19 ot work ot work O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an_ 2and that death accurred at M. fram causes and an the date stated above. 22b. DATE SIGNED **ATTENDING** STAFF M.D. PHYS. DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION REMOVAL SPECIAL 23d. LOCATION (City or Town) (County) (Stote) Olivet St. Michaels. 25g REC'D BY REGISTRAR DE C 19 196 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1966

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MAKYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17817 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death death by the funeral Pages 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Maryland Caroline idian and campletely filled in by the fur lease remove carban papers. Pages 1 and in any event, within 72 haurs after MARYLAND b. CITY DR TDWN (If outside corporate limits. c. LENGTH DF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Rural Denton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? None YES ND NO 3. NAME OF Middle 4. DATE Month Year DECEASED OF 19 66 (Type or print) DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) Months Male White Days Hours Dec. WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? one Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaya Clarence E. Darling Jr. Rae Pinder attending 1S. WAS DECEASED EVER IN U.S. ARMED FDRCES?
(Yeshing or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT None Clarence E. Darling Denton. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse directar, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to has been PERFORMED?
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17819 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death s I and ter death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) completely filled in by the funeral nove carban papers. Pages 1 and PLACE OF DEATH a. COUNTY b. COUNTY o. STATE Caroline Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURA and give negrest town) c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Federalsburg R.F.D. MOTON IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS remove carban papers. n any event, within 72 h Three Bridges Road NO 3. NAME OF 4. DATE Doy Year DECEASED CRYSTOL XXXXX FAYE 19/06 (Type ar print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED December 10, 1966 last birthdoy) Months Days Hours Female Negro WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRYS INDUSTRY Talbot, Maryland offending physician permit. Then please 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME director, page 3 should be detached for use as the burial-transit permit. Then a should be filed with the State Dept. of Health prior to burial, cremation, or removal, Shirley Ricketts George W. Evans 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address George W. Evans, Federalsburg, Md. R.F.D. None INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 moy be retained by the haspital ar attending physicion. DUF TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying couse **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO V 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) at wark at work 21. I certify that (1) (this haspital) attended the deceased fram 10-10, 1966, ta 10-12, 1966, that (1) (we) last saw the deceased alive an 10-11 1966, and that death accurred at 312 AM, fram causes and an the date stated abave. 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) R. H. Trapnell M.D. Federalsburg, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) Federalsburg, Maryland REMOVAL (Specify) Burial 12-14-66 Federal Hill Cemetery 2Sb. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1967 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH depth 2. USUAL RESIDENCE (Where deceased lived, if institution Residence defore admission) pup PLACE OF DEATH the funerol o. COUNTY o. STATE b. COUNTY MARYLAND haurs ofter b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If Sutside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Tilohman d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? filled in d. STREET ADDRESS popers. event, within 72 NO X YES NAME OF DATE Month corbon Year completely DECEASED OF DEATH (Type or print) IF UNDER YEAR S. SEX 6. COLOR OR RACE 66 ast birthday) AGE (In years IF UNDER NEVER MARRIED Manths Haurs Days white WIDOWED ond in any DIVORCED puo 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) LOUNDRY? INDUSTRY please Talbot Maruland 14. MOTHER'S MAIDEN NAME
Margaret Cummings 13. FATHER'S NAME burial, cremation, or removol, attending of dward V. Haddaway 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) (If yes give wor ar dates of service) Mrs. H. Miles Haddaway. Tilahman. Md. no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and-(c). ONSET AND DEA buriol-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the hospital or attending physician. DUE TO Canditions, if any, which gave rise to immediate cause (a), DUF TO stating the underlying couse prior to as the TO FUNERAL DIRECTOR: After this certificate hos been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use director, page 3 should be detached for use should be filed with the State Dept. of Health NO 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year foctory, street, office bldg., etc.) Hour a.m. While Nat While at wark at wark 21. I certify that (I) (this haspital) attended the deceased from and that deoth accurred at 62 M, from causes and on the date stated obove. saw the deceased olive on 220 SIGNATURE 22b. DATE SIGNED MED. -DIRECTOR ATTENDING STAFF PHYS. M.D. PHYS 22d. ADDRESS 22e-SPHYSICHAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) BREMOVAL (Specify)

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endir endir r rer	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (1f yes give war or dates of service)	INFORMANT Address	1.1
leath e att on, c	一	atherine Jaiper St. muchall	o no
ICIAN: The law requires that the death certifica ospital or attending physician. Certificate has been signed by the attending phed for use as the burial-transit permit. Then to the latth prior to burial, cremation, or removal	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BE ONSET AND	DEATH DEATH
hat i cian led b tran I, cre	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	~ 2	
phys the sign sign ourial	Conditions, If any, which DUE TO (b) adenocarcino	ma prostate	HEE
ling ling been the b	gave rise to immediate cause (a), stating the DUE TO		
law re ttendii has be as th prior	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AU	UTOPSY
N: The latal or attificate h for use f Health p	atternel Timeline Canhalla	A. Chames Carlies Kashere YES	RMED?
AN: Joital rtific f for of He	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL The state of the state	URREO. (Enter nature of Injury in Part I or Port II of Item 18.)	
HYSICIAN he hospit this certi etached f Dept. of			
OR ATTENDING PHYSICIAN. The law requires that the death certificate be be retained by the hospital or attending physician. JIRECTOR: After this certificate has been signed by the attending physician sea 3 should be detached for use as the burial-transit permit. Then please ed with the State Dept. of Health prior to burial, cremation, or removal, and in the state Dept.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. While not While p.m. 19 at work at work	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.)	(State)
ENDIN ined IR: Af ould I	21. I certify that (I) (this hospital) attended the deceased from	3-5-66, 19 to/2-2/, 1966, that (1) (1)	
r ATTENI r retaine ECTOR: 3 should with the	saw the deceased alive on 2 - 1966, and that	at death occurred atM, from the causes and on the date stated	d above.
AL OR TAY be read to the state of the state	I MANTHAMELEUM M.	ATTENDING MED. STAFF 7 2 2 -	6
TO HOSPITAL OR ATTEN Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should be filed with th	PAME (Type)	22d. ADORES	
O HOSPITA Page 4 ma O FUNERAL director, p	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	RY OR-GREMATORY 23d. LOCATION (City, town or county) (\$	State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	BURIAL DEC 24 1966 BOZMAN	D - WALL)
ax	24. FUNERAL DIRECTOR AOORESS A	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
VR A15 (4) 15M 4-64	1, Ty amplilow of arrian, It m	uchosbate C 27 1966 forestes Jusque	

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	11m #G383 12/13/60	OI W. PRESTON STREET, BALTIMORE,	MARYLAND 21201
17824	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	17821
o. COUNTY Talbet	MARYLAND	USUAL RESIDENCE (Where deceosed lived, o. STATE Maryland	f institution: Residence before odmission) b. COUNTAIDet
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits,	
d. NAME OF HOSPITAL OR INSTITUTION (If not in It	Life	Sherwood, Maryla	l e. IS RESIDENCE
None None	mospilot, give sheet dadiess,	General Del.Sherwood	ON A FADAG
3. NAME OF DECEASED (Type or print) Tames OFTS	Middle H	CHNEY 4. DATE OF DEATH DOC	Month Doy Year 19
	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Aug. 4, 1903 9. AGE (In agost birth	yeors IF UNDER YEAR IF UNDER 24 HRS. Hdoy) Months Days Hours Min. YEAR Hours Min. Hours
10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or foreign country) Sherwood, Maryland	12. CITIZEN OF WHAT COLINTRY?
13 FATHER'S NAME	HNEY	14. MOTHER'S MAIDEN NAME	
1s. WAS DECEASED EVER IN U.S. ARMED FORCES?		Mary E.Bailey	Address
(Yes, no, or unknown) (If yes give wor or dotes of serv	. 1	ildred Grace(sister)Sh	
18. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
(191) A IMMEDIATE CHOSE (0) =	CARBON WONOXIL	DE ASPHIATATION	ONSET AND DEATH
Conditions, if ony, which gove) (b)	FAULTY COMBUST	ION KEROSENE STOVE	
rise to immediate couse (o), Stoting the underlying couse			
lost. (c)	DELITING TO DEATH OUT NOT DELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART	10 WAS AUTOPSY
	IBUTING TO DEATH BUT NOT KELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED?
Acute alcoholism			YES NO NO
Acute alcoholism 20. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I or Port II of iten	YES NO
Acute alcoholism 200. EXTERNAL CAUSE WAS PORTMANY Or CONTRIBUTING OF CAUSE OF DEATH	FOUND DEAD IN	HOME-ROOM REEKED	OF KEROSENE FUMES
Acute alcoholism 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor	FOUND DEAD IN 20d. INJURY OCCURRED 20e. P	HOME-ROOM REEKED LACE OF INJURY (Home, form, 20f. (City or	OF KEROSENE FUMES town) (County) (Stote)
Acute alcoholism 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH 201. TIME OF INJURY Month, Doy, Yeor 202. Time Of Injury Month, Doy, Yeor 203. The court am. 12-4-166	FOUND DEAD IN 20d. INJURY OCCURRED 20e. P While of work of work	N HOME—ROOM REEKED LACE OF INJURY (Home, form, octory, street, office bldg., etc.) A Clity or BHERWOO	OF KEROSENE FUMES town) (County) (Stote) TALBOT MD
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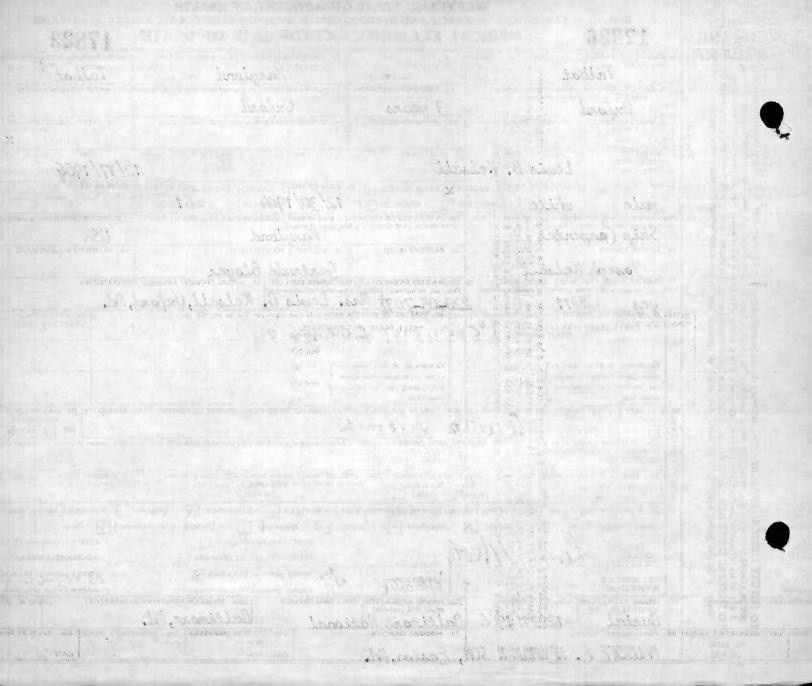
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17825 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) funeral 1 and dear 1. PLACE OF DEATH a. COUNTY o. STATE b. COUNTY bon papers. Pages 1 within 72 hours after MARYLAND completely filled in by the factors. Pages b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b outside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) 57 e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS YES NO 3. NAME OF 4. DATE First Middle Lost Doy Year DECEASED OF DEATH 12 OHNSON 19 66 event. (Type or print) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED last birthday) Manths Days Haurs burial, crematian, ar removal, and in any DIVORCED 10o. USUAL OCCUPATION (Give kind of work dane 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY physician 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME attending phys 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. permit. (Yes, no, ar unknown) (If yes give war or dates af service CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY elal vaceular signed by Page 4 may be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gove rise to immediate cause (a) DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been State Dept. of Health prior to far use as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Port II af item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH director, page 3 shauld be detached should be filed with the State Dept. at (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg., etc.) Not While of work OR ATTENDING at work 21. I certify that (1) (this hospital) attended the deceased fram 12-12-1966, that (1) (we) last 1961 12-21 1966 and that death occurred at 527 M, from causes and on the date stated above. sow the deceased alive on. 12 -2/ 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENDING** 12-21-64 M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CIMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City_ar Tawn) (State) (County)-REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 24. EUNERAL DIRECTOR 2So. REC'D BY REGISTRAR **ADDRESS** VR A15 (4) 20 M 1/66 1966

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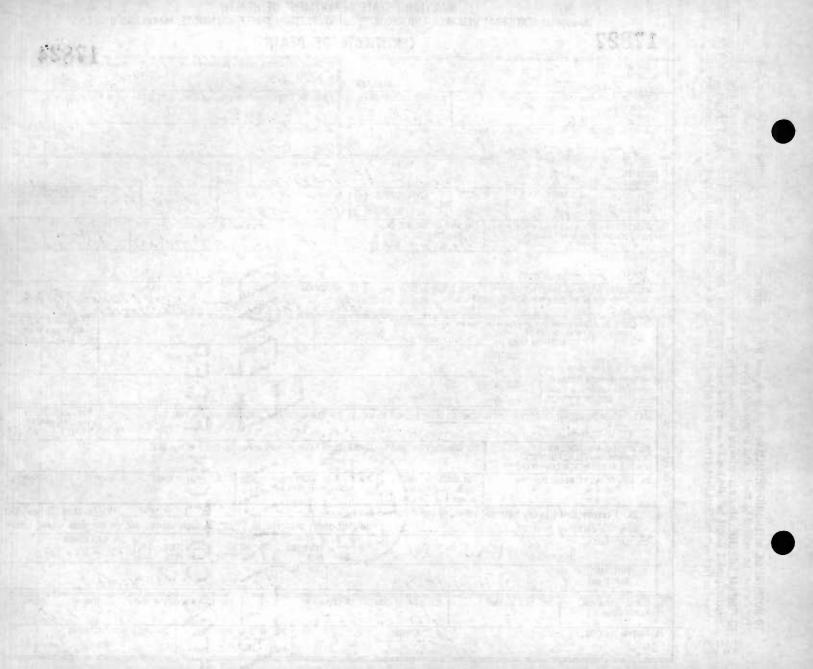
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			IAL OK INS	III NOITUITE	not in hosp	ital, give straat add	iress)	d. STREET	ADDRESS					S RESIDEN ON A FARA
	3. NAME OF DECEASE (Typa or pri	D		is B.				Last		4. DATE OF DEATH	Mont	12/17/	1966.	Yaar 19
	5. SEX	Jan T	6. COLO	R OR RACE	7. MARRIED	NEVER MARR	IED B.	DATE OF BIR	TH	9.	AGE (In years			DER 24 HR
_	male		whi	te	WIDOWED			12/30/	1904		67 yrs.	Months D	eys Hou	rs Min.
	dona during m				10b. KIN	ID OF BUSINESS C	R INDUSTR	Y 11. BIRTHPL	ACE (State o	r foreign cou	ntry)		EN OF WH	AT COUNT
	Ship	(gery	pente					Mar	yland			U.S	A	
l	13. FATHER'S	NAME						14. MOTHER	S MAIDEN N	AME				
L		seph		all				Gentr	ude Bi	over				
	Yes, no, or un			ARMED FOR		OCIAL SECURITY		NFORMANT			Address			
ŀ	ues	1	UU11			0-05-70	77 Mrs	s. Lewi	& B. K	elsal	L. Oxlon	d. Md		
	18. CAU	E OF D	EATH [Ent	er only one	cays per lin	20-05-70	(c).]	1					INTERVAL	BETWEEN
r.								- 1						
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١	PART	1. DEATH	H WAS CAL	CAUSE (e)_	Cov	onarc	100	eelus	sion				ONSETA	NO DEATH
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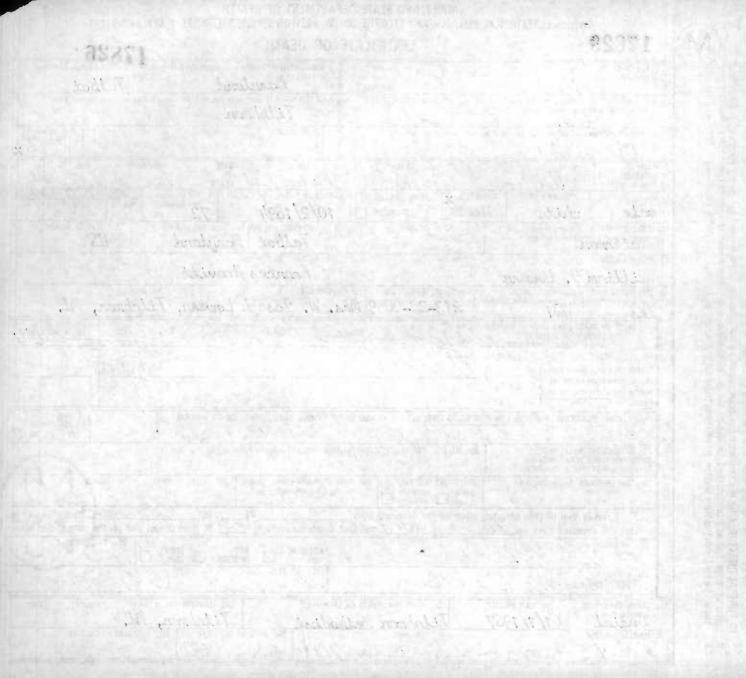
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17827 CERTIFICATE OF DEATH npletely filled in by the funeral carbon papers. Pages 1, and 2 vetting ithin 72 hours offer death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence be 1. PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND The low requires that the death certificate be executed within 24 hours ofter b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street optices) ASTON e. IS RESIDENCE ON A FARM? completely filled in d. STREET ADDRESS GOLDSBORD (JOLDSBIRE YES NO T Middle 3. NAME OF 4. DATE Eirst Month Day Year DECEASED (Type ar print) OF DEATH 12-16-LINEFELTER 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove lost birthdoy) WIDOWED DIVORCED 2-15-187 buriol, cremotion, or removal, and in any 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during mest poworking life, even if retired) INDUSTRY MALTIMORE FT/RED 13. FATHER'S NAME EMMA RICHARDSON VENES attending p IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service GEO. V. PARKHURST 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Pneumonia IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse Poge 4 moy be retoined by the hospitol or ottending director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to TO FUNERAL DIRECTOR: After this certificate hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) frome due to cerebral arteriosclerosis y 55 17 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) factory, street, office bldg., etc.) Haur o.m. Nat While 21. I certify that (1) (this hospital) attended the deceased fram Summer, 1965, to 12-16, 1966, that (1) (we) last 19 66, and that death occurred at 7715 M, from causes and on the date stated above. saw the deceosed alive an 12 -14 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. Robert W. Trever 12-16-66 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) EASTON 230 BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE THEREOF (County) REMOVAL (Specify) 17-19-66 Later 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS DEC 1966



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH within 24 hours ofter death er death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Talbox MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) ease remove carbon papers. Pages and in any event, within 72 hours aft CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town filled in by andava. all e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hasoital, give street address) d. STREET ADDRESS ON A FARM? NO X YES 3. NAME OF Middle 4. DATE Manth Year First Last completely DECEASED OF caward CRAGE 19 (Type or print) DEATH be executed AGE (In years IF UNDER 1 YEAR IF UNDER S. SEX DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Haurs DIVORCED WIDOWED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during frost of working life, even if retired) INDUSTRY COUNTRY? Queen Anne Maryland certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol-transit permit. There's burial, cremotion, or removol, Cmma Lane George Leverage 16. SOCIAL SECURITY NO 17. INFORMANT requires that the death (Yes, na, ar unknawn) ((If yes give war ar dates af service) harles E. Leverage, Cordova, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line let (a), (b), and (c). ONSET AND DEATH CACZGIL PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by Poge 4 may be retained by the hospital or attending physician. DUE TO Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use os the should be filed with the State Dept. of Heolth prior to PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS Y PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. factory, street, affice bldg., etc.) 19 3 should be 21. I certify that (1) (this hospital) attended the deceased from 19 66, and that death occurred at sow the deceased alive and M, fram couses and on the date stated above 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S FDERER NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) 23g. BURIAL, CREMATION 23b. DATE THEREOF Spring Hill 0 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR Charles 1966 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17829 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 nours after death. certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY ease remove carban papers. Pages 1 and in any event, within 72 hours after MARYLAND outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If write RURAL and give negrest town) ohman e. IS RESIDENCE ON A FARM? campletely filled in d. STREET ADDRESS d. NAME OF, HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO X 3. NAME OF Middle 4. DATE Month Doy Year Lost First DECEASED (Type or print) Lwery 19 DEATH IF UNDER 24 HRS DATE OF BIRTH AGE (In years IF UNDER 1 YEAR SEX 7. MARRIED NEVER MARRIED last birthdoy) Months Doys Hours male WIDOWED DIVORCED pup 11. BIRTHPLACE (County & State, ar foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY? Talbot Maryland physician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, Frances Neavitt William Lowery 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, po, or unknown) (If yes give wor or dates of service) Tilahman, Md. Joseph Lowery. es INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse directar, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta TO FUNERAL DIRECTOR: After this certificate has been for use as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO V YES 20b. DESCRIBE HOW INJURY/OCCURRID. (Enter nature of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED (City or town) (County) (Stote) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While ot work pe 21. I certify that (I) (this hospital) attended the deceased fram 6 6, and that death accurred at 45 M, from causes and on the date stated above. saw the deceased alive an. 22b. DATE SIGNED 220. SIGNATURE ATTENDING DIRECTOR PHYS M.D. PHYS 22d ADDRESS 22 PHYSICIAN'S NAMERTYPE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23o. BURIAL, CREMATION, REMOVAL (Specify) Tilahman. Lahman Methodist 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prosision and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

17830 CERTIFICAT	E OF DEATH
1. PLACE OF DEATH a. COUNTY Talbot MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Talbot c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RUBAL and give nearest town) Lifetime	Wittman
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME DF DECEASED (Type or print) Addison (Lendenis Marshall	Last 4. DATE Month Day Year DF DEATH 12/11 19 66
male white WIDOWED DIVORCED	8. DATE OF BIRTH 9. ACE (In years IFUNDER 1 YEAR IFUNDER 24 HRS IFUNDER 24 HRS Months Days Hours Min. ACE (In years IFUNDER 24 HRS IFUNDER 24 HRS Months Days Hours Min. Min.
10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) Waterman 13. FATHER'S NAME	11. BIRTHPLACE (County & State, of foreign country) Talbot Manyland 14. MOTHER'S MAIDEN NAME
Rubin J. Marshall	Mary Cummings
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	rl Singleton, New Castle, Del.
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INTERVAL BETWEEN ONSET AND DEATH ONSET
Hour a.m. p.m. 19 While at work Not While at work 21. 19 at work 1	ry, street, office bldg., etc.) -25, 1956 to 77-11, 1966, that (I) (we) last the death occurred apply, from the causes and on the date stated above. ATTENDING TO MED. STAFF TO ATTENDING TO STAFF TO ATTENDING TO ATTEND
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BENOVAL (Specify) 12/14/1966 Olivet Ceme: 24. FUNERAL DIRECTOR ADDRESS	Y OR CREMATORY 23d. LOCATION (City, town or county) (State) Levy St. Michaels, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SICNATURE
MAURICE E. NEWHAM & SON, Easton, Md.	DATOFC 16 1966 Scharles Judge

MARYLAND STATE DEPARTMENT OF HEALTH

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
17831	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	17828

L O O L GERTIFICA	ALE OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission
a. COUNTY TALBOT MARYIAN	a. STATE MARYLAND b. COUNTYTALBOT
b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN	
write RURAL and give nearest town) EASTON	201
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddre	d. STREET ADDRESS 6. IS RESIDENCE
	I ON A FARM?
HOUSE IN THE PINES - EASTON	ROUTE # 3 Box 95 YES NOT
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Egdelle	Milbert Dec. 30, 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	7 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HI
female white WIDOWED DIVORCED	Man 16 1001 last birthday) Months Days Hours Mir
1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	T // A1 / COUNTRY?
HOUSEWORK 13. FATHER'S NAME	
	14. MDTHER'S MAIDEN NAME
Robert Gannon	Trophenia (alloway
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 16. SOCIAL SECURITY ND. 16. SOCIAL SECURITY ND. 17. SOCIAL SECURITY ND.	17. INFDRMANT Address
no 217-36-0871 B	Bedford (. Milby, Cordova, Md.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c),]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
28 4 V IMMEDIATE CAUSE (a)	tain syratome and 7
DUE TO	0
Conditions, If any, which (b) progression gave rise to immediate	ve hemiparesis junione
cause (a), stating the DUE TD	H
underlying cause last. (c) Levelral a	reroscierosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT F 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTI	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED?
CAL	YES NO N
2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY O	OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.)
G OR CONTRIBUTING CAUSE OF OF ATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour a.m. While Not While at work at work	actory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	19 45 to 12-30 , 1966, that (1) (we) la
saw the deceased alive on19, and	that death occurred at 10 pm, from the causes and on the date stated above
22a. SIGNATURE	22b. DATE SIGNED
Robert W. Trever	M.D. PHYS. MED. STAFF DIRECTOR PHYS. 12-31-66
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type)	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME	TERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Bremovay (Soecity) 1/2/1967 Woodlawn Me	tery or crematory 23d. LOCATION (City, town or county) (State) emorial Park (aston, Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
The 18 6 1 DINI MILLION NO.	001. 0. 0. 100
Manne II more from	DATE JAN 3 1967 June June

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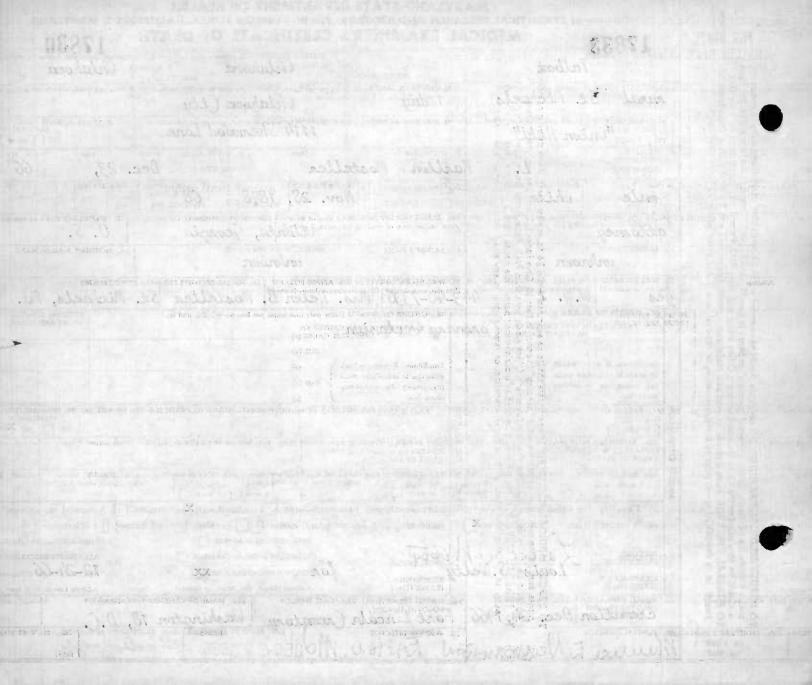
/	Division of STATISTICAL RESEAR	RCH AND RECORDS, 301 W. PRESTON STREE	T, BALTIMORE, MARYLAND 21201
1	17832	CERTIFICATE OF DEATH	17829
	1. PLACE OF DEATH o. COUNTY TAIDOT	MARYLAND O. STATMarylan	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	D.C.A. Bellevue,	ide corporote limits, write RURAL ond give neorest town) Maryland 20./
99	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, given the second of the second		e. IS RESIDENCE ON A FARM? YES YES
	3. NAME OF DECEASED (Type or print)	Edward Morre	4. DATE Month Doy Year OF DEATH 2 - 22 - 19 66 19. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS.
	S. SEX 6. COLOB OR RACE MARRIED WIDOWED	NEVER MARRIED 8. DATE OF BIRTH DIVORCED March 20,190	Of lost birthdoy) Months Doys Hours Min.
		Bellevue, M	laryland USA?
	13. FATHER'S NAME William Moore	14. MOTHER'S MAIDEN NA Mary Jan	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ocial security no. 17. INFORMANT Mary Eller Mess	
	Conditions, if ony, which gove) (b)	ITE DULMONARY REDS	INTERVAL BETWEEN ONSET AND DEATH VECTOR STAND DEATH VECTOR STAND
	rise to immediate couse (a), stating the underlying couse (b).		
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	<u>D DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE CONC	OITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES \(\) NO
	OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED. (Enter noture of injury in P	
	Hour o.m. While	JURY OCCURRED Not While of work 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	
	21. I certify that (I) (this haspital) attends saw the deceased alive an 3 Nov	ed the deceased fram MACLA , 19	M, fram causes and an the date stated abave
	220. SIGNATURE Steph 6		MED. STAFF 22b. DATE SIGNED 12-27-GC
1	22c. PHYSICIAN'S NAME (Type) Stephen P. Car	ney, M.D. East	on Md.
	23o. BURIAL, CREMATION, PREMOVAL (Specify) 23b. DATE THEREOF 12- 88-1966	23c. NAME OF CEMETERY OR CREMATORY Richard's Cemetery	23d. LOCATION (City or Town) (County) (Stote) Easter, Md. Talbet
	24. FUNTERAL DIRECTOR	ovalore bastarino 250. REC'D	BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE AN 3 1867 Achieveles Judges

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

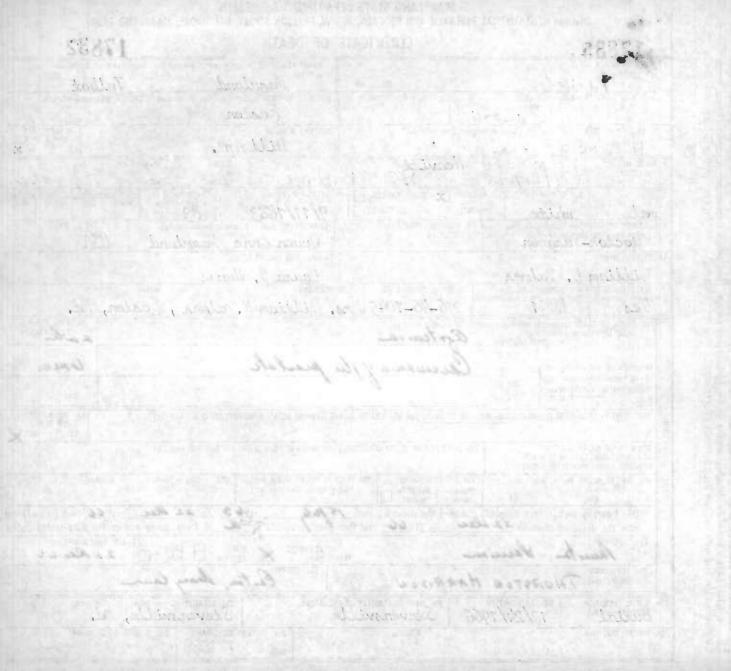
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where deceased lived, If institution) a. COUNTY Talbox Page b. COUNTY 0 to the funeral director. Pag be retained for your files. MARYLAND b. CITY OR TOWN lif outside corporete limits. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ruyice LURAL of deive febret fune Oklahoma (itu d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS 1114 Sherwood Lane IS RESIDENCE "Onion Hill" ON A FARM? after State YES NO+ 3. NAME OF Middle 4. DATE Day DECEASED hours OF and 3 to the Dec. 23. (Type or print) DEATH 19 66 with 72 h 6. COLOR OR RACE 7. MARRIED F NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS may 68 birthday) WIDOWED within and 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLA 12. CITIZEN OF WHAT COUNTRY PM3. Page done during most of working life, even if ratired) Atlanta, Georgia Pages 1, File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknoun unknown WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Wyes give weger dates of service) Mrs. Helen B. Mosteller St. Michaels, Md. 18. CAUSE OF DEATH [Enter only one cause per line for Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: oronary Occlusion IMMEDIATE CAUSE (e) **DUE TO** (b) cremation gave rise to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION uld be u PERFORMED? NO AC pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | prior CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stete) While Not While fectory, street, office bldg., etc.) at work | el work DIRECTOR 0 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion CAL death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be for FUNERAL D ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY LO ROEPUTY MEDICAL EXAMINERON 6 EXAMINER'S NAME (Typa) Addrass (Street, city, town, or county) please 4 shoul O FUN 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (Stete Fort Lincoln 248. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE



		CORDS, 301 W. PRESTON STREET, BALTIMORE 1, ICATE OF DEATH	MARYLAND
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Stail Stail	saw the deceased alive on	d that death occurred and PMM, from the causes and on	the date stated above
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IT A age age pag	22c. PHYSICIAN'S	M.D. PHYS. U DIRECTOR PHYS. 1	
OSP UNN For,	NAME (Type) Robert M. McDonold.	MD 2 Scoth Hanson St. Eas	ton, Md.
TO HOSPITAL death. Page 4 in FUNERAL I director, page 3 be filed with the		METERY OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
D C C	Burial Dec. 15, 1966 John Wesle	ey Cemetery Near Oxford, Man	ryland
L.	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE Judge
VR A15 (4)	J. J. Framptom and Son, Federalsburg,	Maryland DATE DEC 2 2 1966	40

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death/ The law requires that the death certificate be executed within 24 haurs after death. and campletely filled in by the funeral remove carban papers. Pages 1 and GE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) g. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN gutside carparote limits, write RURAL and give nearest town) write RURAL and give negrest town Easton STOK d. NAME OF HOSPITAL OR INSTITUTION (If/nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Within 72 Dill Apt. YES NO X MORIN Neavithdelle NAME OF 4. DATE lease remove carban. Manth Dov Year DECEASED meri 19 (Type ar print) DEATH event S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH AGE (In years 13 NEVER MARRIED last birthday)
yrs. Manths Davs Hours and in any WIDOWED DIVORCED male 10a. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar fareign country) 12. CITIZEN OF WHAT during most of working life seven if retired) INDUSTRY COUNTRY? Quien Anne Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Laura J. Hause WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, pg, or unknown) (If yes give war or dates af service) 216-46-1045 Mrs. William N. Palmer, Easton. Md. crematian, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: antenia IMMEDIATE CAUSE (o) by Page 4 may be retained by the haspital ar attending physician. DUE TO signed ! emana y plu practate burial, Lomo. Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying couse FUNERAL DIRECTOR: After this certificate has been as the with the State Dept. af Health priar to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? far use CERTIFICATION NO NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (State) Hour o.m. Not While factory, street, office bldg., etc.) 19 at wark 3 shauld be 21. 1 certify that (1) (this haspital) attended the deceased fram 15 saw the deceased glive an 22 leec 1966, and that 8 1943, 10 22 Mec 1966, that (1) (we) last 1966, and that death accurred M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING 22 Rec 66 M.D. DIRECTOR PHYS. PHYS director, page Shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S THURSTON HARRISON NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY Stevensville 23d. LOCATION (City or Tawn) Stevensville, 23b. DATE THEREOF 12/24/1966 (State) 23o. BURIAL, CREMATION, (County) BYDYA (Spalify) 9 ADDRESS 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 1966 E. Neunama Son



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